



HOWARD COUNTY DEPARTMENT OF FINANCE

P.O. Box 3370

■ Ellicott City, Maryland 21041

■ 410-313-2062

Division of Property Tax Accounting

TDD 410-313-2323

FAX 410-313-4099

Enclosed you will find an application for the Trash Collection Fee Credit for the period covering July 1, 2014 through June 30, 2015. The **deadline** for filing this application is **September 01, 2014**. **Credit is equal to 60% of Trash Fee, 60% of Watershed Protection Fee and 100% of Bay Fee if you qualify.**

Please Note the Following:

>You must reside in the property for which refuse collection services are provided

>Proof of Income is required: No Credit will be issued without proof of income.

- First two (2) pages of your 2013 Federal Tax Return. If any other members of your household file a Federal Tax Return, they must also submit the first two pages.
- Copy of your 2013 Social Security SSA-1099 form (if applicable). If any other members of your household receive social security, copies of their SSA-1099 forms must also be submitted.
- Any 1099s or W-2 issued but not filed on Income Tax Return.

If you do not have any of the items above additional documentation will be required.

>A copy of a Government Issued Picture ID

The trash fee credit is based on household size and also on total gross household income and **not** on adjusted gross income. **The current fiscal year income levels to qualify are:**

<u>Household Size</u>	<u>Maximum Gross Income</u>
1	\$29,175.00
2	\$39,325.00
3	\$49,475.00
4	\$59,625.00
5	\$69,775.00
6	\$79,925.00

If you have more than 6 persons in your household, or have questions on how to calculate your total gross household income, call 410-313-2062 for Assistance

Mail your application and supporting documentation to:

**Howard County Department of Finance
P.O. Box 3370
Attn: Trash Fee Credit
Ellicott City, MD21041-3370**



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**2014 TRASH COLLECTION FEE CREDIT,
WATERSHED PROTECTION FEE ASSISTANCE &
BAY FEE HARDSHIP EXEMPTION APPLICATION**

Please type or print

NAME: _____
(as shown on your property tax bill)

PARCEL #: _____

ADDRESS: _____

TELEPHONE # _____

HOMEOWNER'S GROSS INCOME \$ _____

LIST OTHER HOUSEHOLD MEMBERS:

NAME	DOB	RELATIONSHIP	GROSS INCOME
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TOTAL GROSS HOUSEHOLD INCOME (not adjusted gross income): \$ _____

Is anyone in your household required to file a Federal Income Tax Return for 2013? ☐ Yes ☐ No

If you answered yes you must attach a copy of federal tax returns for all household members

I certify that the information I have provided is true and correct. I understand that misinformation or refusal to disclose information which is essential for a determination of eligibility is a basis for disapproval of my application. Also, I hereby authorize the Howard County Department of Finance to verify/obtain any information and documentation which will assist in determining my eligibility for assistance.

APPLICANT'S SIGNATURE

DATE

Mail to: Howard County Department of Finance
Attn: Trash Fee Credit
P.O. Box 3370
Ellicott City, MD 21041-3370